

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 3-15-2013

Address: SR 7 near

Incident #: 13ISPC002641

CR 525 E

County: Bartholomew

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☒ Vehicle
☐ Hotel/Motel
☐ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): vehicle
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: vehicle
☐ Water Reactive Metal (Lithium): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Anhydrous Ammonia: vehicle
☒ Corrosive Acid: vehicle
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often
Living conditions of home: ☐ clean ☐ disarray ☐ unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: Elizabeth VFD
Health Department: Bartholomew
Department of Child Services: DFCS

Fax: 812-579-5403
Fax: (812) 379-1040
Fax: 812-314-2482

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Brian Earls Phone 812-689-5000

* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.